



U.S. Department of Justice

United States Attorney's Office
Western District of Michigan

*The Law Building
330 Ionia Avenue, NW
Suite 501
Grand Rapids, Michigan 49503*

*Mailing Address:
United States Attorney's Office
Post Office Box 208
Grand Rapids, Michigan 49501-0208*

*Telephone (616) 456-2404
Facsimile (616) 456-2408*

September 30, 2024

**CERTIFIED MAIL #9589-0710-5270-1622-6194-24
RETURN RECEIPT REQUESTED**

Common Cents Harvest Farms, LLC
c/o Resident Agent Theresa Davenport
[REDACTED]
Reed City, MI 49677

Re: *United States v. Rick Vernon Johnson*
File No. 1:23-cr-00040
Asset ID: 24-FBI-007605 Vacant Land in Leroy, MI

Dear Ms. Davenport:

Enclosed please find a Preliminary Order of Forfeiture in the above referenced case. If you wish to contest this matter, you have thirty (30) days from receipt of this notice to petition the court for a hearing to adjudicate the validity of any alleged interest in the property pursuant to Title 21, United States Codes, Section 853(n)(2), (3).

If you have any questions, please contact me.


Sincerely,

MARK A. TOTTEN
United States Attorney

/s/ Daniel T. McGraw

DANIEL T. MCGRAW
Assistant United States Attorney

DTM/cv
Enclosure

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature x <i>Theresa Davenport</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Common Cents Harvest Farm LLC c/o Resident Agent Theresa Davenport [REDACTED] Reed City, MI 49677		B. Received by (Printed Name) <i>Theresa Davenport</i>	C. Date of Delivery <i>10-3-24</i>
		Delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7996 2305 2677 49		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. 9589 0710 5270 1622 6194 24		X <i>return receipt</i>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	